



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF:
WU-16J

July 31, 2006

CERTIFIED MAIL 7001 0320 0006 0199 8712
RETURN RECEIPT REQUESTED

Myron Lesser
Mike's Service Center
40028 N. RT 83
Antioch, IL 60002

**Re: Motor Vehicle Waste Disposal (MVWD) Well Closure;
USEPA Identification # IL-097-5x28-0026**

Dear Myron Lesser,

The U.S. Environmental Protection Agency (EPA) has reviewed your submittal regarding discharge from the drain(s) at the above-referenced facility. EPA had previously sent you a letter instructing you to either obtain an Underground Injection Control (UIC) permit or close a UIC regulated well. EPA considers your submittal as proof that the drains are no longer connected as a UIC Class V well, and that the well has been closed in accordance with an approved plan.

The EPA thanks you for your cooperation.

If you should have any questions, please contact me at (312) 353-4483.

Sincerely yours,

Bernice Morris, Environmental Specialist
Illinois Mutual Benefits Project
Underground Injection Control Branch

COPY

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. A Addressee to:

Myron Lesser
Mike's Service Center
40028 N. RT 83
Antioch, IL 60002

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

J KRAM 8-2-00

C. Signature ☐ Agent ☒ Addressee

X [Signature] ☐ Yes ☐ No

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 7001 0320 0006 0199 8712

(Transfer from service lab)

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

WV-16J L Simmons

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To **Myron Lesser**
Mike's Service Center
40028 N. RT 83
Antioch, IL 60002

See Reverse for Instructions

PS Form 3800, January 2001



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

77 WEST JACKSON BOULEVARD
 CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF:

2128 6610 9000 0220 1002
 Printed with Vegetable Oil Based Inks on 100% Recycled Paper (100% Post-Consumer)

DIEMER PLUMBING & EXCAVATING, LTD.

25819 W. GRASS LAKE RD.
ANTIOCH, IL 60002
PH: 847-395-1004
FAX: 847-395-7957
diemerplumbing@aol.com

RECEIVED

JUL 21 2006

UIC BRANCH
EPA REGION 5

*proof of closure
7/27/06*

July 18, 2006

United States Environmental Protection Agency
Region 5 – Water Division
77 West Jackson Blvd., - WU16J
Chicago, IL 60604

Attention: Bernice Morris, Environmental Specialist
Phone: 312/353-4483

Subject: Underground Injection Control – Class V Injection Well
EPA Identification Number: IL-097-5x28-0026
Regarding: Mike's Service Center, 40028 North Route 83, Antioch, IL

Dear Ms. Morris:

Please find enclosed (32) pictures and (1) Lakeland Septic Service pumping invoice documenting "Full-Closure".

If you have any questions or require additional please contact me.

Sincerely,



Robert C. Diemer
Diemer Plumbing & Excavating, Ltd.

LAKELAND SEPTIC SERVICE

P.O. BOX 511
 ANTIOCH, IL 60002-0511
 Phone 847-395-1987
 IL 054-007422 • WI 1993

INVOICE

DATE:	7/5/66
NUMBER:	

Diemen Plumbing

Mike Lesser

o/s
 No 21324

TERMS:

P/O MT 83 Auto Repara
ANTIOCH

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

DATE	CHARGES AND CREDITS	BALANCE
	BALANCE FORWARD	\$ 125.00
7/5/66	Pump Out (/) Septic Tank (s)	
	Pump Out () Grease Trap (s)	
	Pump Out () Holding Tank (s)	
	Pump Out () Pumping Chamber (s)	
7/5/66	Pump Out () Aeration Tank (s) <i>Triple</i>	30.00
	Rodding of Lines <i>Base</i>	
	Locating of Tank, Digging Open Cover	
	Additional Work	
	2% Per month interest will be charged	
	on accounts over 30 days past due.	\$ 155.00

Thank You

PAY LAST AMOUNT
 IN THIS COLUMN

LAKELAND SEPTIC SERVICE

DIEMER PLUMBING & EXCAVATING, LTD.

25819 W. GRASS LAKE RD.
ANTIOCH, IL 60002
TELEPHONE (847) 395-1004
FAX (847) 395-7957

6/13/06

United States Environmental Protection Agency
Region 5 – Water Division
77 W. Jackson Blvd. – WU16J
Chicago, IL 60604

Attn: Bernice Morris
Ph: 312-353-4483

Subject: Underground Injection Control – Class V Injection Well
EPA Identification Number: IL-097-5x28-0026
Re: Mike's Service Center, 40028 N. Rt. 83, Antioch, IL

RECEIVED

JUN 16 2006

UIC BRANCH
EPA REGION 5

Dear Ms. Morris:

Enclosed you will find the following:

- Class V Well-Pre-Closure Notification Form
- (10) Photographs of the various "pre-closure" steps taken to clean floor-drains, lines, p-traps and the triple-basin at the site identified above
 - (3) Photos showing the triple-basin (labeled A,B and C)
 - (6) Photos showing the floor-drain cleaning process
 - (1) Photo showing the floor-drain, trap and line residue being deposited into the triple-basin prior to its being pumped out
- Lakeland Septic Service Invoice documenting the pumping out and removal of the tank and triple-basin residue
- Diagram showing locations of the Class V Injection Well and Triple Basin

The following "pre-closure" steps were taken:

- Septic tank was cleaned and pumped
- P-Traps/Floor Drains were pressure cleaned and "flushed" into the triple-basin
- Triple-Basin was pressure-cleaned and pumped out by a licensed disposal service

Please note that when we close the "system" the same steps will be repeated. However, Ms. Morris, you stated that the floor-drains would not have to be cemented over if the triple-basin was pumped/serviced on a monthly basis and records (invoices) were retained to confirm that the triple-basin was, in fact, serviced monthly. New gasketed lids are now being made to fit the triple-basin. Would you please confirm, in writing, that this is, in fact, a satisfactory solution – rather than "full-closure"?

Respectfully yours,



Robert C. Diemer
Diemer Plumbing and Excavating, Ltd.

CLASS V WELL PRE-CLOSURE NOTIFICATION FORM

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF GROUND WATER AND DRINKING WATER

1. Name of facility: MIKE'S SERVICE CENTER

Address of facility: 40028 N. RT 83

City/Town: ANTIOCH State: IL Zip Code: 60002

County: LAKE Location: _____

2. Name of Owner/Operator: MYRON LESSER

Address of Owner/Operator: 40028 N RT. 83

City/Town: ANTIOCH State: IL Zip Code: 60002

Legal contact: MYRON LESSER Phone number: 847-395-3888

3. Type of well(s): (1) CONCRETE SEPTIC TANK - 1000 GAL - Baffles in place -
(THIS SEPTIC TANK IS IN GOOD CONDITION) Number of well(s): 1

4. Well construction (check all that apply):

- ☐ Drywell ☒ Septic tank ☐ Cesspool
☐ Improved sinkhole ☒ Drainfield/leachfield ☐ Other _____

5. Type of discharge: GRAVITY TO SEPTIC TANK, LIFT STATION TO DRAINFIELD (SYSTEM COMPLIES
WITH LAKE COUNTY HEALTH DEPT. INSTALLATIONS)

6. Average flow (gallons/day): 200 7. Year of well construction: UNKNOWN

8. Type of well closure (check all that apply):

- ☐ Sample fluids/sediments ☒ Clean out well SEPTIC TANK WAS CLEANED & PUMPED
☐ Appropriate disposal of remaining fluids/sediments ☐ Install permanent plug P-TANK/FLOOR DRAINS WERE PRESSURE-
CLEANED & FLUSHED INTO TRIPLE
☐ Remove well & any contaminated soil ☐ Conversion to other well type TRIPLE-BASIN WAS PRESSURE-CLEANED
& PUMPED OUT BY A LICENSED
DISPOSAL SERVICE
☐ Other (Describe): _____

9. Proposed date of well closure: TO BE DETERMINED (IF CLOSURE IS MANDATED)

10. Name of preparer: Robert C. Diener Date: 6/13/06

PAPERWORK REDUCTION ACT NOTICE

The public reporting and recordkeeping burden for this collection of information is estimated to average 1.5 hours per respondent. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Regulatory Information Division, U.S. Environmental Protection Agency (2137), 401 M St., S.W., Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

LAKELAND SEPTIC SERVICE

P.O. BOX 511

ANTIOCH, IL 60002-0511

Phone 847-395-1987

IL 054-007422 • WI 1993

INVOICE

DATE <i>5-30-06</i>
NUMBER

Diemer Plumbing
25819 W. Grass Lake Rd.
Property Antioch IL
AT MIKE CESTER AUTO SALES

Nº 21777

TERMS:

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

DATE	CHARGES AND CREDITS	BALANCE
	BALANCE FORWARD	
<i>5-30-06</i>	Pump Out (/) Septic Tank (s) <i>ADD FULL</i>	
	Pump Out (3) Groove Trap (s) <i>TRIPLE BASINS</i>	
	Pump Out () Holding Tank (s)	<i>175</i>
	Pump Out (/) Pumping Chamber (s)	
	Pump Out () Aeration Tank (s)	
	Rodding of Lines	
	Locating of Tank, Digging Open Cover	
	Additional Work	
	<i>2ND TRIP BACK TO REPUMP</i>	<i>100</i>
	<i>+ EXTRA TIME ON JOB</i>	
		<i>275</i> <i>015</i>
	<i>CHANGE</i>	<i>00</i>
	2% Per month interest will be charged	
	on accounts over 30 days past due.	

LAKELAND SEPTIC SERVICE

Thank You

PAY LAST AMOUNT IN THIS COLUMN

CLASS V INVENTORY PROCESSING AND ROUTING SLIP

RECEIVED

FEB 10 2006

Date received by USEPA / UIC Branch _____

UIC BRANCH
EPA REGION 5

ROUTE TO DIRECT IMPLEMENTATION SECTION CHIEF

ROUTE TO TECHNICAL SCREENING GROUP [after sufficient number are received]

Date reviewed by Technical Screening Group _____

Initials

Determination / Well Subclasses _____

Does this need follow-up before data entry?

Yes ☐

No ☒

If yes, what kind? _____

If there needs to be a follow-up phone call to determine if the facility has a class V well or to determine what kind of class V well they may have, please refer to the questions on the other side of this sheet.

Does this need follow-up after data entry?

Yes ☐

No ☐

If yes, should this be a technical or general staff assignment?

Technical ☐

General ☐

Type of letter/response needed: Acknowledgment ☐

Info request ☐

[uncertain if they have a well]

Other ☐

Info request ☐

[we know they have a well]

ROUTE TO DATA ENTRY PERSON

Date entered into database _____

Initials

USEPA Well ID Number/s assigned _____

ROUTE TO DIRECT IMPLEMENTATION SECTION CHIEF

Staff Assignee _____

Date assigned _____

Questions to ask of an owner/operator (or inspector):

- ☐ How many employees do you have? _____
- ☐ On a busy day, how many customers visit your facility who may use the rest room? _____
- ☐ What exactly does your business do? _____
- ☐ Do you have any company cars or trucks that you service at that facility? _____
- ☐ If it is not clear from the inventory already submitted, what is the size of the septic tank? _____
- ☐ Are there any storm water drainage wells in your parking lot? _____
- ☐ Are there any indoor connections to your septic or drywell system that are not restroom or kitchenette sinks and toilets? These might be floor drains, sumps, shop sinks, or processed water disposal methods.
- ☐ Please provide a sketch showing all indoor connections to your septic or drywell system.
- ☐ What activity occurs in the area of the floordrain/s?

INSPECTION / VISIT NOTES
UNDERGROUND DISCHARGE SYSTEM (CLASS V WELL)

☒ Inspection ☐ Visit ☐ Window Survey ☐ Other

Date of visit: JANUARY 17, 2006 Inspector name: Wallace Matsunaga, Scientist

Name of facility: Mike's Service Center

Address: 40028 N. ZL Route 83, Antioch Illinois 60002

Lake County, Illinois

Not on Indian lands

Type of Business: Automobile - Repair / Servicing

Did you enter the service bay / work area? ☒ Yes ☐ No

Are there floor drains visible? ☒ Yes ☐ No

Are there any sumps (e.g., under hydraulic lifts)? ☐ Yes ☒ No

Are there oil or other stains on the shop floor? ☒ Yes ☐ No

Do they use a recycling service? ☒ Yes ☐ No

If so, which one? RS

Are they/do they use a public water supplier (PWS) ☐ Yes ☒ No

PWS NAME _____ ID# _____

Type & number of known system(s): _____

Septic System (# 1)

Drywell (# _____)

Drain/leach field (# _____)

Open Abandoned Water Well (# _____)

Cesspool (# _____)

Dug Hole (# _____)

Other: _____ (# _____)

What kind of UIC wells do you think they have on site? None ☒ Yes ☐ Low ☐ Medium (Motor Vehicle 5 X 28) High Risk

- () No Drains in work area () Connected to sewer () Less than 20 persons/day-sanitary only () Residence () Out of Business
() Floor drains discharge to land surface () Drains discharge to surface waters () Floor Drains discharge to holding tank disposed offsite
() Will be plugged within 30 days () Plugged in last 12 months () Plugged in last 1 to 5 years () Plugged more than 5 years ago

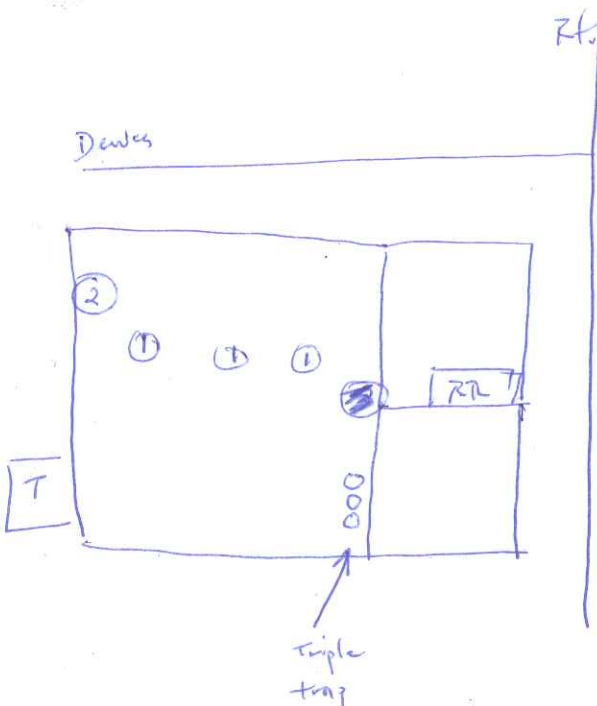
Locational Information GPS File #: _____ Field Inspection site **LAKE COUNTY** # _____

Lat: **NORTH** 42. 26.700 Long: **WEST** 88. 05.472 GPS Method: (Garmin iQue M5), # of Satellites 6

Accuracy¹: 17' Horizontal Datum²: _____ Map Scale³: _____

Place a sketch on this sheet to show known drains / sinks / restrooms / drywells / tanks / manholes.

Notes: **NORTH** **1 = Floor Drain** **2 = Sink** **RR = Restroom** **DW = Drywell** **T = Tank** **M = Manhole**



This business is connected to a septic system (toilet, floor drains). The floor drains are tied to a triple trap and the outlet from the third tank feeds into the septic system. Two toilet ~~sinks~~ are also on the septic system. A parts washing sink, labeled (2), is a self-contained tank with no connection to the septic system.

UNDERGROUND DISCHARGE SYSTEM (CLASS V) INVENTORY SHEET

(see instructions on back)

1. Name of facility: MIKE'S SERVICE CENTER
Address of facility: 40028 N. RT. 83
City/Town: ANTIOCH State: IL Zip Code: 60002
County: LAKE Location: _____

Contact Person: BILL BENDER Phone Number: 847.395.2177

2. Name of Owner or Operator: MIKE LESSER
Address of Owner or Operator: 40028 N. RT. 83
City/Town: ANTIOCH State: IL Zip Code: 60002

Type & number of system(s): _____ Drywell(s) 1 Septic System(s) _____ Other (describe): _____
Attach a schematic of the system: Attach a map or sketch of the location of the system at the facility.

4. Source of discharge into system: _____

5. Fluids discharged: ENGINE OIL, TRANSMISSION FLUID, COLLECTED BY RS USED OIL SERVICES, INC.

6. Treatment before discharge: _____

7. Status of underground discharge system: ☐ Existing ☐ Unused/Abandoned ☐ Under Construction ☐ Proposed

Approved/Permitted by: _____ Date constructed: _____

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment (Ref. 40 CFR 144.32)

Signature: _____ Date: _____

Name: (printed) _____

Official Title: _____

**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5**

UNDERGROUND DISCHARGE SYSTEM (CLASS V) INVENTORY SHEET INSTRUCTIONS

Complete one sheet for each different kind of underground discharge or drainage system (Class V well) at your facility or location. For example, several storm water drainage wells of a similar construction can all go on one sheet. Another example could be a business with a single septic system (septic tank with drainfield) that accepts fluids from a paint shop sink in one area, their vehicle maintenance garage floor drains in another area and also serves the employee kitchenette and washroom: these can all go on one form.

The numbers below correspond to the numbers on the front of the sheet.

1. Supply the name and street address of the facility where the Class V well(s) is located. Please be sure to include the County name. If available, provide the Latitude/Longitude of the discharge system. If there is no street address for the discharge system(s), provide a description of the location and show the location on a map. Include the name and phone number of a person to contact if there are any questions regarding the underground discharge system(s) and/or the wastewaters discharged at the facility.
2. Provide the name and mailing address of the owner of the facility or if the facility is operated by lease, the operator of the facility.
3. Provide the number of underground discharge systems at the facility (or location) for the type of system that is described on this sheet. Please use a separate sheet for each different type of system present. If the type of system is "Other", please describe (e.g., french drain, leachfield, improved sinkhole, cesspool, etc.)

Provide a sketch diagram or blueprints of the construction of the system including depth and drainage zone. Also, provide a map or sketch of the layout of the drainage system, including all the connections, and if applicable, indicate each fluid source connection (i.e., shop sink, floor drain, process tank discharge, restrooms, etc.) and any pre-treatment, etc.

4. Describe the kind of business practice that generates the fluids being discharged into the underground system (e.g., body shop, drycleaner, carwash, print shop, restaurant, etc.), and/or if more appropriate, the source of the fluids (e.g., employee & customer restrooms, parking lot drainage, etc.). If available, include the Standard Industrial Codes (SIC) for this facility.
5. List the kinds of fluids that can enter the underground system (e.g., storm water run-off, sanitary waste, solvents, biodegradable soap wash & rinse water, snowmelt from trucks, photo developing fluids, ink, paint & thinner, non-contact cooling water, etc.). Please be as specific as you can about the kinds of fluids or products that can be drained into the system. Generally, good sources for this information are the Material Safety Data Sheets (MSDS) (copies of MSDS could be attached instead of listing all the products). If available, also attach a copy of any chemical analysis for the fluids discharged.
6. Describe the kinds of treatment (if any) that the fluids go through before disposal. Examples of treatment are: grease trap, package plant, oil/water separator, catch basin, metal recovery unit, sand filter, grit cleanser, etc.
7. Select the status of the underground discharge system and include the date the system was constructed. If the status is "Existing" but it is not being used, is unusable, will not be used, or temporarily abandoned, mark the box for "Unused/Abandoned". If state or local government approval was given for construction of the system, or a permit was issued for the system, please provide name of the approving authority. Provide an estimated date of construction if the actual date is unknown.

The person signing the submittal should read the certification statement before signing and dating sheet.

If you have any questions about whether or not you may have an EPA regulated system, or about how to complete this sheet, please call (312) 886-6594. You may also try our website at www.epa.gov/r5water/uic/uic.htm for information.

Please send completed sheets to:

WALLY MATSUNAGA
US EPA REGION 5
PO BOX 1602
SKOKIE IL 60076-8602